

Date: _____
Staff: _____

FLAG REQUEST FORM

Name: _____
Address: _____
City: _____ Zip: _____

Phone: _____
E-mail: _____

Flag to be flown for: _____
Occasion: _____

Send To: _____

MAKE CHECKS PAYABLE TO:
"OFFICE SUPPLY ACCOUNT NO. CA1640"

Type of Flag	Total Cost (Includes Cost of Flag, Flag Flying Fee, and Shipping)
3 x 5 Cotton	\$ 17.25
3 x 5 Nylon	\$ 17.00
4 x 6 Nylon	\$ 21.50
5 x 8 Cotton	\$ 28.00
5 x 8 Nylon	\$ 26.00

Date To Be Flown: _____
Notes: _____

Please send this Flag Request and Check to: Congresswoman Zoe Lofgren, 102 Cannon House Office Building, Washington, DC, 20515

Office Use Only

Flag Ordered: _____ Sent to Architect: _____
Check Received: _____ Mailed: _____